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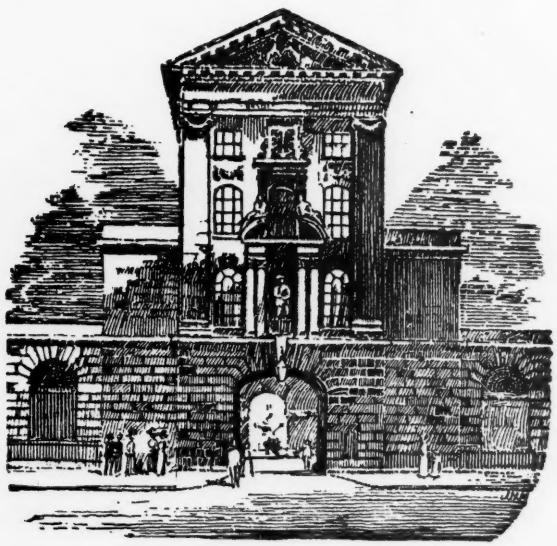
ST. BARTHOLOMEW'S HOSPITAL JOURNAL



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St. Bartholomew's Hospital Journal.

"Æquam memento rebus in arduis
Servare mentem."
—*Horace*, Book ii, Ode iii.

VOL. XXXV.—No. 1.] OCTOBER 1ST, 1927. PRICE NINEPENCE.

CALENDAR.

Sat.,	Oct.	1.—Rugby Match *v.* Old Millhillians. Hockey Club Trial Match.
Tues.,	,,	4.—Dr. Langdon Brown and Sir C. Gordon-Watson on duty.
Fri.,	,,	7.—Prof. Fraser and Prof. Gask on duty. Medicine. Clinical Lecture by Sir Thomas Horder.
Sat.,	,,	8.—Rugby Match *v.* Richmond. Hockey Match *v.* Guy's. Home.
Mon.,	,,	10.—Special Subject Lecture by Mr. Elmslie.
Tues.,	,,	11.—Dr. Morley Fletcher and Sir Holburt Waring on duty.
Wed.,	,,	12.—Surgery. Clinical Lecture by Sir Holburt Waring. Rugby Match *v.* Cardiff.
Fri.,	,,	14.—Sir Percival Hartley and Mr. McAdam Eccles on duty. Medicine. Clinical Lecture by Dr. Morley Fletcher.
Sat.,	,,	15.—Rugby Match *v.* R.M.A. (Woolwich). Hockey Match *v.* Beckenham II. Home.
Mon.,	,,	17.—Special Subject Lecture by Mr. Harmer.
Tues.,	,,	18.—Sir Thomas Horder and Mr. L. B. Rawling on duty.
Wed.,	,,	19.—Surgery. Clinical Lecture by Sir Holburt Waring. Rugby Match *v.* Cambridge University.
Fri.,	,,	21.—Dr. Langdon Brown and Sir C. Gordon-Watson on duty. Medicine. Clinical Lecture by Sir Thomas Horder.
Sat.,	,,	22.—**Last day for receiving matter for the November issue of the Journal.** Rugby Match *v.* U. S. (Chatham). Hockey Match *v.* Woolwich Garrison. Away.
Mon.,	,,	24.—Special Subject Lecture by Mr. Just.
Tues.,	,,	25.—Prof. Fraser and Prof. Gask on duty.
Wed.,	,,	26.—Surgery. Clinical Lecture by Mr. McAdam Eccles.
Thurs.,	,,	27.—**Abernethian Society.—Inaugural Address at 8.30: Sir D'Arcy Power, K.B.E., "Books by St. Bartholomew's Men."**
Fri.,	,,	28.—Dr. Morley Fletcher and Sir Holburt Waring on duty. Medicine. Clinical Lecture by Dr. Langdon Brown.
Sat.,	,,	29.—Rugby Match *v.* Old Leysians. Hockey Match *v.* Clare College, Cambridge. Home.
Mon.,	,,	31.—Special Subject Lecture by Mr. Harmer.

EDITORIAL.

THE main function of the October number of a hospital journal is to welcome very warmly those as yet dim shades and unknown faces which are at this season materializing from the chaos of other schools and universities, into forms whose shapes will before long become familiar to every eye and whose names may in time ring in every ear. This process of materialization, in some cases meteoric, is in others only demonstrated by a succession of little notorieties. One will habitually hand out chromicized catgut on a curved needle instead of No. 2 silk on a reel; one will take his place proudly among the elect at surgical consultations or at lunch by the round table of the Chief Assistants; another will choose the sacred hour of noon for his hurried visits to the wards. These are all trivial affairs which usually loom large only in the frightened cortex of their committer. He alone does not know that we have all done one or other of these things and that the memory of them dies early. Placed in the whirl of the Accident Box after the eternal calm of a Dissecting Room, the most philosophic scientist will forget that every one of those celestial figures to whom he flies for aid has (not so long ago) been in a precisely similar condition of hopeless vacuity, and he will, before his first three months are over, restrain the universal impulse to emulate Edgar Wallace and dress his sensations up in breathless narrative. He will then be able to sit quite quietly, and reflect that herein there is to be found by all an infinite sense of freedom and responsibility, which adds years to a man's age and inches to his prestige among the laity and his family. Further, when he comes to learn more of those other hospitals that he might so nearly have gone to will he realize that in St. Bartholomew's is the only place for him to be.

To all new members of the Hospital we would here

make it plain that we are very glad to have you; that we hope you will get from her more than everything you came for; and that in return you will help a little to raise her high prestige, and with hers that of the Ancient Art of Medicine.

* * *

In welcoming the new we must say good-bye to at least one old friend—the last remains of Christ's Hospital, whose skeleton already stood almost disarticulated on St. Matthew's Day. We offer our cordial sympathy to those Old Blues whose memories—so ably described by their spokesman in the *Times* recently—will be deprived of their ancient playground. It is a comfort to feel that they are superseded by something as vital to the neighbourhood as a surgical block, and not by the inevitable garage or picture-house.

* * *

The recent deputation to Mr. Neville Chamberlain by the People's League of Health, one of whose objects was to stress the need for instituting periodical medical examination for all persons benefiting under the National Insurance Acts, struck a great blow for that popular slogan, "Preventive Medicine." While to our thinking this phrase is waste of time when applied by the anti-cancer lay-writer to the preaching of a new life—a wineless, tobaccoless life of cold baths, strict *régime* and rabbit food (what full-blooded healthy Englishman will be threatened into asceticism?)—yet the deputation's argument "that the absence of early treatment of pathological conditions was the common factor in maintaining the incidence of disease in the country" is obviously a most important one. It is sad that the probable cost is as yet too great for these periodical examinations to become a working proposition.

In the light of all this it is very interesting to receive a paper by Irving Fisher, Professor of Economics of Yale University, on the "Lengthening of Human Life," in which the subject is again discussed, this time from the point of view of obliterating the "preventable diseases," with the idea of increased and universal longevity. Thus he says, "the mortality among graduates of women's colleges where medical inspection, supervision and instruction have been used is less than one-third that of the general population, showing that the ordinary mortality of youth is two-thirds preventable." The whole L.C.C. system for children is based on this.

This gives us one ambition to live up to, and another is pointed out by Prof. Fisher when he comes to discuss our subject of periodical medical examinations: "To merely examine a man is not enough; the physician must have something educational to give . . .; the essence of improving health for the so-called well is improving habits."

In summing up the biological evidences in favour of a possibility of an increased life-span, which includes Woodruff's work in culturing *Paramœcium* to 8500 generations without a death, and the well-known experiment in which Carrel kept alive the cells of a chicken embryo's heart for many years by washing out the products of katabolism and protecting against infection and food deficiency, it is possible to conclude that a man, like a watch, has no normal life-span. "It is all a matter of having the man or the watch well-built to start with, and well taken care of afterwards." In other words, go for eugenics and periodical medical scrutiny. Don't wait till an abscess forms; have your teeth looked at, and avoid nougat.

* * *

The Merchant Taylors' Company, who were among the Hospital's earliest acquaintances in the City, have agreed to contribute £7000 to the Reconstruction Fund, paying £1000 for the next seven years.

* * *

E. Miles Atkinson was elected a Hunterian Professor for the ensuing year.—*Lancet*, July 23rd, 1927.

* * *

Sir James Berry received the degree of D.C.L. *Honoris Causa* at a Convocation held in the University of Durham June 28th.—*Lancet*, July 9th, 1927.

* * *

Dr. Canti's film has now achieved an International reputation. Following on its enthusiastic reception by the British Medical Association in the Operetta House in Edinburgh in July, it was shown on three occasions in Buda Pest at the Tenth International Zoological Conference in September. It was exhibited first of all in the Koranyi Clinic to the Cytological Section, who declared it worthy of presentation to the whole Conference. Two days later it was presented on a big scale in the Urania Cinema House, the Prime Minister and the Minister of Education attending. This Cinema House is one built exclusively for the presentation of scientific films and is very finely fitted out for the purpose. It is said that in England such an undertaking would probably be a complete failure. This film dealt only with the spade-work of the filming of tissue culture; it leads the way to future work of a most interesting nature, and Dr. Canti has promised to give us the benefit of an early view of his next film—perhaps next spring.

* * *

We were generous enough to offer last month a prize of one guinea to encourage in the Hospital the timid plant of Literary Composition; but the sickly seedling will not apparently grow even in the special nutrient soil provided. Not even the hope of earthly gain (and consider how much beer one may consume for

a guinea) has dragged out anything really worth publishing. All right, we don't care; we did very well with the money. But in order not to appear close-fisted we have been prevailed on to repeat the offer this month, giving as alternate subjects, **"What a Freshman thinks of the Hospital,"** and **"What the Hospital thinks of Freshmen."** There now; easy money, and the uncommon satisfaction of possibly seeing yourself in print in one of Great Britain's leading monthlies.

* * *

The Editor receives many shocks, but perhaps none so unexpected as that he staggered under when he opened an innocent-looking letter, to find the following:

"Dear Sir,—Perhaps I am unduly persistent in again inquiring as to the state of your rupture, since I wrote you two letters before this and have not received your order. But experience is a great teacher. It has taught me never to give up so long as I am reasonably certain I am writing to someone who is ruptured. Almost every day I succeed in drawing out someone who has nursed his misfortune so long and failed so often to cure it as to become thoroughly discouraged . . ." And so on, until we implored the Sub-Editor to tell us if there really was anything wrong which might have escaped our notice.

OBITUARIES.

Sir Arthur Shipley, G.B.E., F.R.S.

Few people realized that Sir Arthur Shipley, Master of Christ's College, Cambridge, who died on September 22nd, started his career by entering the Hospital from University College School. But "at an early age," to quote the *Times*, "he decided to take at least the first part of his training at Cambridge, and accordingly entered at Christ's. There he turned definitely to Zoology under Balfour and Sedgwick, who were then making Cambridge a chief centre of zoological research and teaching in Europe." As author, lecturer, Master and Vice-Chancellor Sir Arthur's career was most brilliant; and to one who had the privilege of dining with him shortly before his last illness, his knowledge of international affairs and his delightful humour as a raconteur seemed as lively as ever. His death will be much regretted on both sides of the Atlantic.

Norman Dowling, M.R.C.S., L.R.C.P.

Dr. Norman Dowling, who died on August 11th, 1927, was a great personality in Melbourne. Born in 1865, in that city, he was educated at Sydney Grammar School before going to London, where he qualified at St. Bartholomew's, returning to Australia upon leaving. A cutting from the *Melbourne Chronicle* bears witness to his popularity and good works.

A WELCOME,

AND SOME WORDS OF ADVICE TO THOSE ENTERING THE COLLEGE AND THE HOSPITAL.

THE Editor of the Journal will, I am sure, excuse me if I usurp his privilege by voicing the hearty welcome which all present and old St. Bartholomew's men offer to those who have joined us at the beginning of this Session. Some are at the commencement of their professional training, others have already spent some years in the study of the pre-clinical subjects, and we welcome all to St. Bartholomew's Hospital and to the Medical College. All are on the threshold of the Medical Profession, on the threshold of a great undertaking, and must feel a little that there is something unknown, something, perhaps, mysterious ahead. It is a great calling and a life of great achievements that lie ahead, and here at the Hospital and College we endeavour to help you to see more clearly what it is that lies in front, and we endeavour to prepare you and equip you.

It is doubtful if you realize how greatly you are to be congratulated on your choice of a profession. In spite of the innumerable varieties of temperament and of training that are to be found among you, the profession of medicine offers opportunities for each one. You may love to study your fellow men, or hope to devote your life and energies to the relief of suffering: no better opportunities could be found than those that accompany the practice of medicine. You may be of a severely logical habit of mind, or intolerant of compromise: the laboratories are open to you. You may have the ambitions and yearnings of the discoverer: medical science is in its infancy and vast fields await you. If you wish to be a medical missionary there are many posts to be filled. If the life in a Government Service attracts you, the Army, the Navy and the Colonial Service will want you. If you have gifts for administration, a post as medical officer of health or under the Board of Education will enable you to use your talents. You can live in a city or in a quiet country-side, and you may choose the climate that suits you. Everyone has ambitions, but if you are overwhelmingly ambitious there are mountain peaks that few can climb.

Whatever you are or whatever you wish to be, the profession of medicine has a niche for you, unless—and this is the only exception I can think of—unless you are selfish. Perhaps you will think I should have said, "unless you can pass the examinations." But you have passed various entrance examinations already,

and therefore you are all quite capable of passing the others. And when in due course you are registered as being duly qualified to practise, you can always at the very least earn a living.

The whole or part of the curriculum still lies before you. Many educationalists of experience and reputation have helped to design that curriculum, and every detail in it has been the subject of prolonged and sometimes bitter argument. If you have studied it at all critically, you may well be excused if you wonder what principle guided those who arranged it. When you have been through it the principle will be clear to you, but it may be helpful to know now something of what you are expected to do in the next few years, and to see how each subject and each year's work is dependent on what has come before, and how no single part of the curriculum can be separated from the rest and no part really left behind and forgotten. It would be far better in theory if the subjects could be taken concurrently, or at least overlap to a greater extent than they do, but there are obvious practical difficulties, and if at times you find something to criticize, remember that those who are responsible for the curriculum find more to criticize than you do, but remember also that they are humbly desirous of receiving your considered opinions on the matter. Those who have already spent some years here, and who are entering now upon the period of clinical studies, may find something of interest and something helpful and perhaps something comforting in reviewing what it is that they have successfully accomplished, and in viewing what lies before them.

The Pre-Clinical Studies.

A knowledge of the more simple and essential properties of inorganic bodies has already been acquired in courses in chemistry and physics by those now commencing their pre-clinical years. In most instances a beginning has been made towards an appreciation of the difference between inorganic material and living matter. Throughout your lives you will gain a better and better appreciation of this difference. The study of the structure of plants, and of the functions of the various parts of a plant, introduces you to new conceptions, but the functioning of the whole plant, the co-ordination of the various parts into a whole that can maintain life successfully in spite of the ever-changing environmental conditions and the onslaughts of innumerable living rivals is a subject that is understood but imperfectly, even by biologists. As organic chemistry, bio-chemistry and bio-physics are further elucidated, so knowledge of the manner in which a plant reacts to environmental changes is slowly increasing. On turning to animal life a vastly more complicated situation is found. The animal is less limited in the field of its activities, and so is exposed to a far greater variety of conditions and a far greater variety of dangers. For life to be maintained there must be mechanisms for meeting the ever-changing conditions and the ever-present dangers. Among the more highly-developed animals, volition enters into the factors that increase the variability in the conditions of life, and the more highly developed the animal the more is this so, and the more difficult it becomes to recognize the environmental factor responsible for some change in the structure or some altered functioning in the living unit.

In the profession of medicine the subject of study is the most highly developed of all animals with a capacity for volition that has not yet been gauged. In anatomy the structure of the human body is examined, and the meaning of structure in relation to function. The functioning of the whole and the functions of the various organs and systems of organs are observed and examined in the course in physiology. It is obvious that as knowledge of chemistry, physics and biology is increasing daily, if all too slowly, so the science of human physiology must be slowly developing. If explanations of all observed facts are to be given, most of them must be of a hypothetical nature, and so subject to alteration or even to absolute contradiction as new knowledge is acquired. As the science of physiology evolves, the understanding of the significance of structure must evolve also. The anatomy and physiology that you acquire in your curriculum is the orthodox knowledge of the day. Knowledge is but slowly gained, but if you appreciate the advances of the last few decades you will appreciate the rate of change. Knowledge grows sufficiently rapidly to materially alter the practice of medicine in the lifetime of a human being, sometimes in a space of time measured by months. A medical man is thus living and working in a field of ever-changing knowledge, a field that is ever expanding, while details are ever becoming clearer and more distinctly defined. He is part of the field, perhaps the most essential part, and there is no limit to the extent of expansion or the clearness of definition beyond which the field, with him and his successors as essential parts of it, will not surely pass.

The Clinical Years.

It is only when the structure of the human body and its modes of functioning to maintain life and health in the manifold situations that are met with in ordinary existence are understood that the study of diseased persons can be entered upon intelligently. Pathology deals with the types of disease processes that affect the

human body and of the reactions of the body to them. It deals in generalizations, just as anatomy and physiology do, but in the Department of Pathology you will also see numerous examples of the effects of disease in individuals, and so learn how variable are the manifestations of disease, and how difficult it is to foresee the effect of applying general principles to particular instances; but it is from the study of numerous examples that generalizations are formulated.

The methods used in the examination of patients must be accurately and minutely mastered, but before the sick person can be approached intelligently the results of the applications of these methods to the healthy must be observed and appreciated. Now comes the most trying period in the curriculum. You are face to face with the individual patient. All the knowledge that you have acquired of the principles of the structure and functioning of the human body in health and disease, and of the disease processes that affect it, is of little use unless you realize that one individual differs from another to such an extent as to alter materially the apparent signs and symptoms of disease. The disease may be the same, but the person is different, and so no two patients ever present the same picture of the disease. Every patient must be a separate and an original study, and in the study of the person there is no organized science to help you and very little exact knowledge to be handed on to you. Psychology is slowly developing, but is not ready for you, and common sense, intuition and experience are the instruments to be used in the investigation, and are essential tools both for diagnosis and efficient treatment. In some patients the disturbance to health is due so much to temperamental and psychic factors that the medical sciences to which you have devoted so many years of study seem of little use; in others the disease process and the reactions of the body to it are so obvious and so localized that there is a temptation to forget the patient with his complicated mentality, his inhibitions and veiled reactions. Not only must each patient be carefully studied, but each person must be skilfully and gently handled. Treat each patient as if she or he were your own mother or father, your own daughter or son. You will lose nothing and gain much; to the patient the gain will be incalculable. Patients have eyes and ears, and if they say little they often understand more than you appreciate, and they ponder greatly on what they see and hear.

In the hospital the patients are segregated in wards and departments according to the nature and location of the disease process requiring treatment. This is in some respects an unfortunate arrangement. The hospital is staffed by a team of highly skilled experts, who have devoted their time mainly to one part of professional work. By so doing they have become highly expert and are able to advance knowledge. In this way the patients obtain the benefit of the best skill available, and that this skill may be used to the greatest advantage it is necessary to form special departments, and to admit each patient according to his needs to one or other of these departments. There is a possibility that the general condition of a patient and his personality may be overlooked in a department staffed by men all highly skilled in one direction, but it is small. The greater danger is that you may obtain the impression that in the presence of some outstanding and localized disturbance the general state of the patient can be ignored. There is always, however, a medical practitioner in the background, who has studied his patient and who is supervising the management of the case. The treatment in hospital is really but an incident in this management, though an incident of great importance requiring the skill of an expert. If you will remember this, there will be no danger in learning your life's work under the guidance of a number of highly specialized men, and the more expert they are the more you will gain.

The three years of clinical study cannot provide you with replicas of the cases you are to meet with in the years to come, nor with an accurate set of rules for the diagnosis and treatment of individual cases, but they can equip you with general principles and examples so that you may know how to approach every problem, what must be done to solve each problem, and how each and every patient can be managed so that the troubles and worries of ill-health may be shifted to as great an extent as possible from his shoulders to your own.

You have not, however, merely entered a medical school; you have become part of a community which is interested in you personally. You will make life-long and valuable friendships, not only among your contemporaries, but also among your seniors. It is your part in the community to keep the community alive and to give it enthusiasms and freshness. The various clubs look to you for help, and remember that you cannot work well if you work all the time, and that there is for each individual a relation between the time spent in work and the time spent in rest that is optional. The community intends to be proud of you, so let it fulfil its intention as easily as possible, and when in doubt, whether in matters of work or not, do not forget that we are each and all ready and anxious to give all the advice and help we can. F. R. F.

HEART DISEASE.

A RECENT large work on *Facts Concerning Heart Disease* by Cabot in collaboration with other members of the staff attached to the clinics at Harvard University brings it home to one how even the positive findings in the dead-house, if not associated with the previous clinical histories, may be very misleading. Here follows a short summary of this work by Cabot.

SUMMARY FROM CABOT: FACTS OF HEART.

Ninety per cent. genuine cases of heart disease are either "rheumatic," "syphilitic" or "hypertensive." Acute and subacute endocarditis generally due to streptococcal infection say 10%, but most of these are with other general infections like peritonitis, etc. Otherwise 5% represents the actual heart infections. Rheumatic hearts begin in early life and more often in females. When the aortic valve is also affected in rheumatic hearts, 25 out of 28 such cases were in males. Syphilitic heart disease begins usually between 35 and 45, and most often in the aortic area, but after 50 years the hypertensive heart cases arise. Heart disease in the young woman is usually mitral rheumatic, in middle-aged men it is generally syphilitic aortic, and the hypertensive is in those over 50, who have not had early signs of any heart disease. Roughly, rheumatism selects the mitral area, syphilis the aortic, and hypertensive disease enlarges the whole heart, but with no valvular disease. And hypertensive disease occupies the far greater number of cases of heart disease.

Rheumatic.—In more than half the cases the mitral valve alone, and never any other valve singly. But two, three or four valves may be affected in chronic disease; total 70 to 75 only mitral. If aortic was also diseased with mitral, then in 25 out of 28 cases it was in males. Palpitation or fibrillation is usually felt early in mitral cases and less so if other valves are affected beside mitral. More than half the mitrals do not die of passive congestion, but from some other intercurrent disease. More than half the cases of mitral disease are not diagnosed during life. Even a very small stenosed mitral does not necessarily make the case worse. Mitral regurgitation found only in 3 cases out of 1906, and is not diagnosable.

Aortic stenosis.—Only 28 cases out of 1906; chiefly in old men. Not much history of previous rheumatism. But they may be old cases of septic endocarditis that have got well, because in many cases old renal infarctions are found. Generally aortic regurgitation, but no diastolic murmur. Much hypertrophy of heart. Also high blood-pressure and very often associated renal disease. It is most common in men, and sudden death is common. And most die of heart failure, *i. e.* passive congestion.

Syphilitic heart disease only attacks the aortic valve or the aorta. Is six times more common in men than women. May lie dormant fifteen or twenty years. But when diagnosed, then two years sees the end. Much hypertrophy if the aortic valve is affected, but no hypertrophy if the valve is normal. Aneurysm does not cause hypertrophy. Wassermann 80%. No other disease but syphilis causes aneurysm. Angina common.

Hypertensive disease.—Includes all cases where there were no valve lesions and no chronic pericarditis. Arterio-sclerosis does not cause hypertension. Nephritis may do so, but not always. In fact it is common without either of these conditions (nephritis or arterio-sclerosis). Generally high blood-pressure. One-third of the cases end in heart failure; but many die of other diseases. Twice as common in men. Hypertrophy of pernicious anæmia and leukæmia have high blood-pressure. Myocarditis is only a curiosity.

Acute and subacute septic endocarditis.—Some recover. Ages and valves affected most like those in rheumatism; equal sexes; young persons most. Nephritis 40%. Never gonococcus or influenza germs, nor hypertrophy or failing heart (passive congestion).

Acute pericarditis.—Rare, 5%—an ending to other disease. Diagnosis difficult.

Chronic pericarditis.—Like acute, is overwhelmingly common in males. It leads to the greatest hypertrophy when there has been past mediastinitis with the pericarditis (adhesions). Only 6 out of 112 diagnosed. Various murmurs lead to mistakes.

Thyrocardiac disease.—Noisy and over-acting hearts. No constant lesion, the symptoms caused by the toxins.

Angina pectoris and cardiac infarct.—If distinguished from cardiac infarct, then no constant anatomical basis. The coronary arteries may be diseased or may not be affected.

Coronary occlusions, acute or chronic, with or without cardiac infarction, may be symptomless.

Cabot also states that the total number of cases with hypertensive hearts is greater than all the rheumatic hearts added to the syphilitic hearts.

COMMENTS ON THIS SUMMARY.

After reading such a work as that written by Prof. Carey Coombs on rheumatic heart disease, it is indeed startling to read that *myocarditis* is a curiosity, and in fact unknown. But the compilers of Cabot's work can clearly have had no experience in the acute and chronic cases of rheumatic carditis as met with in this country during the first three decades of life. Again, in spite of their recognition of so much *hypertensive* heart

disease (which in their experience outnumber all the rheumatic and syphilitic hearts added together), they do not grasp such a thing as chronic myocardial degeneration—the certain outcome and ending of all hypertrophied hearts.

Their statement that *mitral regurgitation* is an unknown disease in America must surely ignore all the early histories of probably every case of mitral stenosis.

Apart from these strange dèductions, their experiences in other matters are most interesting. That fully a half of all rheumatic hearts die of other intercurrent endings rather than of passive congestions from failing heart muscles is worthy of note.

That so many cases of real heart disease escape diagnosis until post-mortem examination tallies with the records of our own hospitals in the matter of kidney diseases.

The first statement in their book is somewhat in line with a tendency in many recent works on heart disease in this country, namely, that when a patient elects to go to a medical man because he thinks he has a heart affection, then the medical man can assume positively without any examination that the patient has no actual heart disease, but is suffering from gastro-enteric disturbance of one kind or other.

This view about hearts is nearly as pernicious as the other view now prevalent, viz. that cardiac murmurs can almost be ignored as not being of any importance. However, in most things appertaining to medical treatment (in contra-distinction to surgical), the practice of the clinician of fifty years ago re-asserts itself as superior to most of the modern pretensions.

J. Kingston Barton.

BLEST ALKALOID!

SOME swear by salts of Kruschen, unpleasant potion, but—
Let nicotine inhibit, then stimulate your gut.

When the wife attacks your smoking, reply, "My dear, tu, tut;
This nicotine inhibits, then stimulates my gut."

From John o'Groats to Land's End in palaces and huts
There's nicotine inhibiting and stimulating guts.

Absorbed enteric toxins put the golfer off his putt;
Let nicotine inhibit, then stimulate his gut.

When you've reached the stage of toying with oporto and with nut,
Let nicotine inhibit, then stimulate the gut.

So fellows take your briars and fill with Navy Cut,
For nicotine inhibits, then stimulates the gut.

Splenunculus.

ANNOTATIONS.

Contributions to this Column are invited.

AN UNUSUAL CASE OF RUPTURE OF THE UTERUS.

On July 13th I was called by a district nurse to a Mrs. C— on account of "unsatisfactory condition of patient and labour not progressing." The patient, a 7-para, æt. 36, stated that labour had commenced twelve hours before, though she had been very upset by a flash of lightning which struck down near her house on the morning of the previous day. When I saw her she was somewhat pale, temperature 99·4° (this rose to 100·2° half an hour later), a fairly good pulse of 120; she complained of pain only when lying on her left side. On examination the os was the size of half a crown, the uterus was quite hard and no retraction could be detected.

Diagnosis.—Concealed accidental hæmorrhage with tonic uterine contraction. She was removed to hospital, 2½ miles away, as soon as possible and Cæsarian section performed at once. I found that the uterus was distended with blood, and that there had been complete premature separation of placenta and membranes. The child, 9½ lb., was dead. About a pint and a half of blood-clot was removed from the peritoneal cavity, and on delivering the uterus for suturing, a 2-in. rent was found at the summit of the fundus, and also a rent into the right broad ligament, which was distended with blood, though there was no rupture of the peritoneum in this region. The upper rent and the uterine wound were closed in the usual manner and the right tube and ovary removed, and the peritoneum in this region only sewn over with catgut. The patient's condition would not allow of further interference, and as it was, the total duration of the operation was just under the half hour. There was nothing of importance in the convalescence. A month later, in order to avoid a similar catastrophe in the future, I tied the remaining tube, in spite of a chemist assuring the husband that such an operation was quite unnecessary, as he (the chemist) could sell him something which would act equally well.

The interesting points are, I think: (1) The unusually good general condition of the patient considering the severity of her local condition. (2) The rise of temperature in such severe hæmorrhage. This must, I presume, be accounted for by the slowness of the hæmorrhage and its partial control by the tonic uterine contraction, thus allowing some absorption of the blood-serum. (3) The fact of there being two minor rents and not one large one. (4) The extraordinary interference by the chemist.

Early this year I was consulted by a lady of colour from the West Coast of Africa. She had two abscesses in the leg and one on the plantar surface of the big toe. There were also several nodules in the skin of the leg, and the condition was evidently due to the African jigger.

The abscesses were in the subcutaneous tissue and there was little obvious inflammation, though there was considerable undermined skin.

I opened the abscesses, and ulcers were left which showed no tendency to heal. Weeks went by and nothing I tried produced the desired effect. At the end of two or three months I installed a small untra-violet apparatus and tried it on the ulcers. The effect was startling. After the first application of 15 minutes with carbon-tungsten arc at 18 in. the toe healed. Three further applications healed the leg ulcers in a fortnight.

Last Monday—I write on Friday—a nurse consulted me for a large carbuncle occupying the whole of the chin, with seven or eight openings. On Tuesday I gave it 15 minutes' exposure to the carbon-tungsten arc at 12 in. The next day—Wednesday—I was astounded at the change: the swelling was less, the hard red swelling at the outer part was of a bluish colour and much softer. She told me that during the night there had been a large amount of discharge. I repeated the exposure and told her to report to-day. To-day all inflammation and swelling have gone; all the openings have healed except three, which are small granulating areas. I have given her another exposure which will evidently complete the cure.

If anyone had told me of such a rapid cure of a carbuncle I should not have believed it possible, but as I have seen it I can vouch for it.

As I was one of Mr. Willett's house surgeons in 1889 I have passed the age of enthusiasm when the hoped for may be taken for fact.

A. B—, æt. 33, came to the hospital complaining of pain in the left groin from which he had suffered for four months with increasing severity. He also, more recently, had suffered from abdominal pain of a colicky nature, made worse by purgatives. For two weeks he had noticed his left testicle was hard, but not enlarged. He had syphilis when 23 and his Wassermann reaction was positive.

The man had a large visible and palpable swelling on the left side of the abdomen extending 3 in. above and 2 in. below the umbilicus; it was absolutely fixed, was hard and slightly nodular, and was resonant on percussion. The left testicle was about one and a half times the size of the right and was hard and somewhat nodular.

A left orchidectomy was performed, and a section of the testicle showed a teratoma with malignant changes.

In all cases of abdominal tumours or even abdominal or lumbar pain (this patient had been treated for two months for "lumbago") the testicles must be most carefully examined, not only as regards their size, but more particularly with regard to their consistency. The case quoted above demonstrates extremely well how easy it is to overlook the primary growth in a testicle when it is not complained of by the patient, and when the abdominal symptoms and signs greatly predominate.

The secondary deposits in the lumbar lymphatic glands in malignant disease of the testicle are nearly always much larger than the primary growth itself, and must always be remembered in the diagnosis of obscure abdominal swellings.

In this case the abdominal swelling diminished considerably in size under X-ray treatment with some lessening of the pain, but the patient died within six months with metastases in the lungs and elsewhere.

A CASE OF EMPYEMA WITH FOCAL NEPHRITIS.

L. F. G—, æt. 30, male; commercial traveller. Admitted 13.3.27 to Brompton Hospital under Dr. F. H. Young.

History of present condition.—Quite well till one month ago, when he felt "seedy and run down" for eight days. No cough. Was sent to bed, where he went through a typical attack of lobar pneumonia, except that the temperature did not come down.

On the fifth day he saw Dr. Young, who on the eleventh day explored the chest and diagnosed early empyema, and did an air replacement of the fluid (200 c.c. air) on the sixteenth day. The fluid looked like a streptococcal one, though bacteriologically it contained organisms which gave the bile reactions of a pneumococcus (only four colonies grew).

Past history.—There was none of any illness which might have given rise to nephritis.

Condition on admission.—No symptoms except constipation and general weakness. Looked acutely ill with sallow complexion, moist skin. Temperature 101·4°, pulse 120, respirations 30. *Pulse* rapid, regular, poor volume, artery rather rigid.

The *heart* was displaced ¾ in. to the left, but was apparently normal.

Abdomen natural. No tenderness in renal angles.

Central nervous system.—Reflexes normal, but there was incontinence of urine and fæces and some delirium at night.

The lungs showed "redux" crepitations over the upper part of the left lung and pleural friction below these.

Right lung.—Crepitations over middle zone and below this absent. Vocal fremitus and distant breath-sounds from fifth rib in the mid-axillary line. No œgophony.

Urine was of normal appearance (not smoky), specific gravity 1025, reaction acid, and was loaded with albumen. Microscopically it contained blood, many granular and a few epithelial casts.

Urinary output 49 oz. in 24 hours.

Blood-count.—Red blood-cells, 3,540,000; white blood-cells, 16,400.

Treatment and course.—Though the empyema appeared too early for operation, especially as accumulation of pus was delayed by the previous air replacement, it was recommended on account of the renal condition.

15.3.27: Operation. Drainage by Mr. Roberts. Half a pint of turbid fluid evacuated after resection of 2 in. of tenth right rib in the scapular line. Wound closed in layers with drainage-tube.

Pleural fluid.—No organisms seen. Tubercle bacilli *nil*, culture sterile.

18.3.27: There had been no further incontinence. Sleep good. Tongue furred. Some diarrhœa present this morning. At noon for the first time there was visible blood in the urine.

Blood-pressure 178/105.

19.3.27: There was incontinence of urine and fæces during the night. Nocturnal temperature 103·4°, pulse 128, respirations only 20. There was a *rash* over trunk and upper extremities which consisted of large discrete papules. There was some œdema of the ankles and slight puffiness under the eyes. Tongue raw, gums not bleeding, no dyspnœa, no nausea.

21.3.27: Blood-culture sterile. Blood-urea 137 mgrm. per 100 c.c.

Diet.—Arrowroot, jellies, one slice of bread and butter, fluids to 10 oz a day.

24.3.27: Blood-pressure 150/97. Stitches and tube removed; wound edges not inflamed.

28.3.27: Cavity wash-out with dilute eusol. On "blow-bottles." Frequency of micturition at this time was 3 times daily, 4 times nightly.

31.3.27: Blood-urea 155 mgrm. per 100 c.c. Urine no visible blood. Albumen a trace.

1.4.27: *Urine* contains very numerous granular casts, some hyaline and a few epithelial casts. A few red blood-cells present.

12.4.27: Blood-pressure 150/98.

13.4.27: No nocturnal micturition for the first time last night. Blood-urea 62 mgrm. per 100 c.c.

22.4.27: Wound closing down; wash-out practically clear. Patient up one hour on couch.

30.4.27: Patient up three hours.

5.5.27: X-ray shows complete re-expansion of lung.

6.5.27: Blood-urea 13 mgrm. per 100 c.c. *Urine* clear, no albumen.

7.5.27: Patient discharged; home.

Since then has been at work and perfectly well. Throughout the patient had no symptoms during the day and was ravenously hungry on his low protein diet.

This case is published in full to show the exact stages in treatment, which, though conservative, led to a remarkably quick recovery. On March 19th he looked thoroughly uræmic, with a blood-urea of 137 mgrm. per 100 c.c., and even a month later his blood-urea was 62 mgrm. per 100 c.c. Yet a month after that he was at work and has remained well, though a six months' prognosis is usually given for patients with a blood-urea of over 100.

Early gas replacement of empyemata is usually to be deprecated, as it prevents the localization of the pus by organization; here, however, it very probably assisted materially in minimizing the intoxication.

That the fluid grew a pneumococcus, not a streptococcus, was rather surprising. Another abnormal fact which appeared to point to previous renal trouble (as opposed to a focal nephritis) was the raised blood-pressure.

A CASE OF POLYSEROSITIS TREATED BY OXYGEN REPLACEMENT.

E. T—, female, æt. 50. Admitted 17.1.27 to Brompton Hospital from the Elizabeth Garrett Anderson Hospital.

History of present condition.—May, 1926, seized with acute sub-internal pain with shortness of breath. Felt feverish. Sent in to Elizabeth Garrett Anderson Hospital. Œdema of feet and legs found.

Laparotomy; ? indication.

July, 1926, patient was told she had pericarditis and was explored twice. 1½ oz. fluid removed. T.B. +.

August, 1926, abdomen began to swell.

Past history.—*Nil* of note. No family history of pulmonary tuberculosis.

Symptoms.—Slight cough, dyspnœa +, weakness +, occasional diarrhœa.

Physical signs.—Usual signs of extensive effusions into four serous cavities.

X-ray (19.1.27).—"Diaphragm obscured. Pericardial effusion. Pleural effusion both sides."

Wassermann reaction negative.

Urine, specific gravity 1026; acid. Amorphous urates +; albumen a trace. *Urea concentration test:* No. 1, 3·30%; No. 2, 3·07%; No. 3, 2·90%.

25.1.27: Pericardiolysis. ½ oz. thick yellowish fluid removed. A few c.c. of oxygen introduced with Clive Rivière needle and artificial pneumothorax apparatus under novocain. Stopped because of pain.

Fluid.—Tubercle bacilli *nil*, sterile. Cells mostly small mononuclear with occasional polymorph.

X-ray immediately after. Pericardial fluid appears less. Right chest no fluid seen now. Left chest partial pneumothorax. Trace of fluid at base. Both sides of diaphragm appear to be raised (? increase in abdominal pressure).

7.ii.27: *Physical signs.*—See chart. Abdominal girth 32 in.

15.2.27: Flatulence; pain after food. Girth 34 in.

24.2.27: Pain and swelling neck, left arm. Veins dilated round left clavicle, œdema. Treated by antiphlogistine this improved. Girth 37 in.

3.3.27: Paracentesis abdominis, 53 oz.; fluid yellow, clear.

Fluid contained mononuclears. Tubercle bacilli *nil*, sterile.

4.3.27: Girth 35 in.

30.3.27: Girth 36 in.

31.3.27: Paracentesis abdominis, 100 oz. fluid, rather thicker than before. Again small mononuclears. Tubercle bacilli *nil*, sterile.

8.4.27: *Left chest*—Percussion note dull all over left side. Bronchial breathing by angle of left scapula.

Oxygen replacement of left pleural sac.—24 oz. thick yellow fluid removed. 200 c.c. oxygen put in. Final pressure + 2·0.

Fluid.—Tubercle bacilli *nil*, sterile. Mononuclears.

20.4.27: Abdominal girth 36 in. Some abdominal discomfort.

Physical signs.—Lungs: Left—Fluid dullness to seventh rib in scapular line.

Right—Only small amount of fluid at base.

Pericardium.—Fluid dullness up to second rib and increased to left. Right limit, midline.

7.5.27: Girth 34 in. Fluid not increasing in abdomen. Thickened omentum felt.

13.6.27: *X-ray.*—Right side of chest free from fluid. Lower half of left chest uniformly opaque.

18.6.27: Abdominal girth 32 in.

Abdomen not markedly distended. Dullness over both flanks extending to semilunar lines.

Paracentesis.—Midline no fluid. Right iliac region 12 oz. rather thick fluid, pathologically the same as before.

Oxygen replacement with Clive Rivière (first) needle and artificial pneumothorax apparatus. Initial pressure + 5, and had to be raised to + 10 before oxygen went in. 900 c.c. oxygen put in. Wound strapped tightly with cotton-wool pad as air tended to escape.

Physical signs.—Percussion note resonant over right flank and over rest of abdomen except for 1 in. in left flank. Lower border of liver one finger's breadth below costal margin. Patient well. Pulse-rate not increased.

2.7.27: Temperature settling, patient comfortable.

3.7.27: Temperature normal for first time since admission.

4.7.27: Temperature rising again. As patient was shortly to be transferred back to the Elizabeth Garrett Anderson Hospital, and at her own request, the oxygen replacement was repeated.

4.7.27: Girth 33 in. Paracentesis abdominis. Left flank only a small amount of flaky fluid obtained. 900 c.c. oxygen put in. Patient comfortable. Pulse 90, regular. No symptoms.

5.7.27: Patient transferred to Elizabeth Garrett Anderson Extension. Soon after admission a letter was received from them stating that the patient's condition was much improved and asking for details of the treatment, which the patient was anxious to continue.

In this case, of course, the ultimate prognosis seemed quite hopeless; treatment was therefore purely symptomatic. The patient, having been a year in bed, found it difficult to find a comfortable position until the effusions had been tapped. Further the removal of fluid enabled her to lie out of doors on a couch. The fluids kept on recurring until oxygen replaced.

The pericardial oxygen replacement was hardly a success. The needle could be felt against the heart-wall. There was surprisingly little room considering the apparent size of the effusion.

Intraperitoneal oxygen has been to some extent used to map out the liver in ascitic effusions which tended to mask the lower border. In the present case this was also useful. Amyloid disease had been thought to be present at one time (albuminuria and diarrhœa), but although the liver was felt enlarged, its lower border was not accurately determined until the oxygen showed it up. It will be noted that repeated paracentesis had resulted in some absorption of fluid, and it was thought that something should be done to aid it. The oxygen replacement seemed to have an effect in lowering the temperature.

THE PSALM OF A MEDICAL STUDENT.

WHOSE ANATOMICAL AND PHYSIOLOGICAL CONCEPTIONS DID NOT COINCIDE WITH THOSE OF HIS EXAMINERS.

(With apologies to Wadsworth.)

(? ED., *St. B. H. J.*)

TELL me not in joyful numbers
" Life is one long glorious dream ! "
For my soul is lead, and slumbers,
And things are not what they seem.

Life is real ! Life is earnest !
And " The Rooms " must be its goal ;
" Fool thou wast, and fool returnest "
Is the burden of my soul.

Not enjoyment, no, but sorrow
Is our destin'd end or way ;
And to learn what by to-morrow
Leaves us madder than to-day.

Art is long, and Time is fleeting,
And our hearts, once stout and brave,
Now, like huddled sheep, are bleating
Fun'ral marches to the grave.

In the world's broad field of battle,
In the bivouac of Life,
We are like dumb, driven cattle,
With a hard stake in the strife !

Trust no Future, rumour'd pleasant !
Like the Past 'twill be as dead !
Facts—Facts are the living present !
Book in hand, exams ahead !

Lives of men who've " pass'd " remind us
They have made their lives sublime,
And have left their light to blind us
As we tread the sands of time ;

Sands that countless thousand others,
Sweating hard, have plough'd in vain ;
Poor forlorn and desp'rate brothers !
Plough'd, and plough'd, and plough'd again !

Let us then be up and doing,
With a heart for any fate ;
In the end, our lost youth ruing,
We may qualify, though late.

A. E. R.

AND ALL HIS WORKS.

"IN HER PSYCHIC PROJECTION OF MY BEING ACROSS SPACE."

THE visitor burst into the room, stumbling over the door-mat. "The Devil," he cried testily.

The Doctor raised his eyebrows for an instant at the intruder, and was confronted by a neatly built man with a pale, austere face, who took a seat by the window and gazed at the Hospital. The Doctor attempted a dignified rebuke.

"Won't you have a seat?" he said. The sarcasm was lost on the visitor.

"I have one." The accent was Occidental, and the Doctor's face expressed the apprehension of a confirmed talker who meets an American. He quickly reviewed the Special Departments set aside for the quiet entertainment of such people, and blanched, for none was open.

"Well?"

"I am a Martian," said the man, "visiting your planet. Having mastered your language and culture, I am examining your institutions." The Doctor was a public school man, but there was a quality of the stranger's gaze that compelled belief. "Owing to a miscalculation on my wife's part—a wilful one, I fear—in her psychic projection of my being across space, I landed in a Middle Western State. I have, however, survived, though my accent betrays my experience."

The Doctor was too charmed by the modesty and good taste of the Martian's remarks to notice that they answered his unexpressed thoughts. "It is a pleasure to hear such essentially British sentiments, if you will pardon my presumption in so labelling them." The visitor bowed, without smiling.

"And you have met our great men?"

"I fear not. Only your famous ones."

There was modest assurance in the Doctor's next question.

"And how does our young planet compare with yours?"

"I have not yet finished my studies, but I have realized that since the quality of thought appears to be so dependent on the health of the thinker, the state

of medicine will be an excellent guide to the standard of civilization."

"Of course, we must appear to you as—er—picking up the pebbles on the—er—shores of vast seas of—." The Doctor tittered after the nervous manner of plain men misquoting their great. He had had a University education. "I mean, what progress has medicine made on Mars?"

The Martian knitted his brows. "Progress? Oh, I remember. It was one of the words banned from our language by the Act for the Suppression of Subversive and Obsolete Ideals."

"But surely knowledge, on so old a planet, must be immense?"

"Mere claptrap." The Martian waved his hand airily. "Wellsian claptrap," he added a little venomously. "Burroughs, I assure you, is the better liar. As for medicine, years ago we allowed doctors to advertise. The competition was so great that the work soon was in the hands of three great Trusts, which were so proficient that disease was in danger of becoming extinct, and pathogenic bacteria curiosities in the Central Museum. The embittered descendants of the Independent Research Workers, fearing a proletariat free from moral and biologic checks, publicly implored the Trusts to suspend their work for a decade or two. Life, they said, was becoming too simple, too vacuous. They were immediately dubbed Chaotics, and retaliated by calling their opponents Vacuists."

The Doctor was moved to be impressive. "You see,"

"Come, tell me who you really are."

he said, "the evil of advertising." The spirit of Hospital seemed to enfold him in its complacent embrace.

"The Vacuists pointed out that the Central Museum would be a salutary reminder of a less happy state, and proposed the institution of a compulsory periodic visit for the poorer classes, which should, on these occasions, give freely towards the upkeep of the Museum." The Chaotics, angered and shocked, condemned the soul-destroying simplicity, saying life without disease was not perceptible as life at all, and started a 'Back to the Complex Life' movement."

The assured tone of the recital nettled the long-silent Doctor. He felt assertive. "Simplicity, of course, is the most desirable." His upbringing had been orthodox, by rich but honest parents.

"Not at all." The stranger looked around. "For instance, had you been a Vacuist, you would have had no mat at the door. I should not, therefore, have given way to that reflex expletive it occasioned as I entered. You would then have had nothing to give the lie to my somewhat inhuman austerity. Cowed, your conversation would have been even more fatuous. You see?"

The Doctor remembered he was a gentleman. "Cynicism would appear to be misplaced upon such an occasion, sir."

The Martian waited until the Doctor had finished, then continued evenly.

"The Vacuists were defeated, simply enough, by a revolution. The slogan was 'Simplicity to end simplicity.' After the storming of the Museum bacteria were disseminated, all records of thoroughly effective therapy destroyed, and Mars became complex, primitive and happy."

"Monstrous," cried the Doctor. "A deliberate return to barbarism? Impossible! You, sir, can hardly be in your right mind to say such things unmoved. What brutes!"

"My ancestors," yawned the stranger, "were Chaotics. Though I agree with them fundamentally, I think they regressed too far, and became too bestial. Indeed, that was why my wife persuaded me to try the Earth for a while. I wanted to go to Venus. We had a row. She said Venus was vulgar, and only cinema stars and pickle manufacturers wintered there. In a fit of pique she landed me in Wyoming." His voice grew determined. "I shall go to Venus, though." He stared, pallid and bored, through the window at the Hospital. "For all the change I get here, I might as well be on Mars."

The Doctor felt that his faith was being undermined, and his spirit rallied to defend it as well as he knew. He blustered.

"*We* bestial? Fellow, do you dare to—" He

suddenly quieted, realizing that a Martian was an impossibility. The madman, or Communist, or whatever the fellow was, must not be allowed to corrupt the morals of weaker minds than his. He advanced on the man firmly, quelling sudden misgivings. He grasped nothing but the traditional thin air, and was only partly relieved to see the fellow had merely slipped towards the door. His voice trembled as he called out coaxingly:

"Come, tell me who you really are."

The stranger smiled disturbingly over his shoulder, forgot the mat, and again stumbled over it.

"Oh, the Devil," he said, testily. M.

STUDENTS' UNION.

THE NEW ARRIVAL.

I HAVE been requested by the Editor to write a few words for the enlightenment of this year's new students on the sporting prospects open to them; for this reason I do not feel quite as well disposed towards the Editor as I did two days ago.

New students may be divided into two groups from the games standpoint—those who have just come up from school, and those who have completed their first three or four years of study at one of the Universities.

In both cases the majority will have spent a large part of their time at games of one sort and another, and will be anxious to know how and where they can continue these activities, and that is the point on which I will attempt to enlighten them.

To begin with everyone should attend the Freshmen's tea, to be held in the Library, the date of which will appear on the notice-board shortly; there the names of the Secretaries of each club will be announced, with the request that all wishing to take part will give in their names there.

The Hospital ground is at Winchmore Hill, tickets 1*s.* return at the Cloak-Room, and can be reached by train from King's Cross or Farringdon Street. There at the moment can be had Rugby, Soccer and Hockey *ad lib.* All the clubs runs several teams, and no one need be afraid of being thought "too bad," or shy about trying to learn a new game.

Ample accommodation for dressing and bathing is provided in the spacious pavilion, and liquid refreshment, hot or cold, can be had from the counter, presided over by our venerable if slightly rubicond patriarch, Bill.

The winter over, the ground is handed over to the less strenuous pursuits of lawn tennis and cricket, both of which may be had in bulk, and are excellently provided for, even if the tennis-courts are a little damp at times.

Between these seasons the ground is given over to athletics, and it is on this subject that I wish to have my chief word. This year we should have won the Inter-Hospital Athletic Cup and we failed to do so; the reason I am not prepared to give, but I do appeal to all those who have any talent whatever in athletics to make a little sacrifice when the time comes next spring and do their very best to regain the Cup.

For the last four years we have had in our midst one of the greatest athletes of all time in H. B. Stallard. Unfortunately we are losing him in the near future, and it is up to us to carry on his work with the keenness and self-sacrifice that he has always shown.

A word of games not played at Winchmore Hill. A fives court lives behind the Dispensary, and though usually covered with the dust of untold ages, it provides good exercise for the untrained.

In conclusion, if any of our Freshmen should happen by any chance to read this attempt to enlighten them, I hope he will realize that we offer him the very heartiest welcome, and trust that he will join in the life of the Hospital to the best of his various abilities.

R. H. BETTINGTON.

HOCKEY PROSPECTS.

AT the beginning of another season it is as well to glance over our record of last year. The team was very successful during the first half of the season, even though we lost our captain, W. A. Briggs, one of the best backs the Hospital has turned out for years. After the Christmas vacation, however, we did not meet with the same success; undoubtedly we were up against stronger teams than we had met previously, and many matches were scratched because the grounds were unfit, but allowing for this, the team did not maintain the form shown earlier in the season.

The defence was, as a rule, steady and reliable, especially the half-back line; the forwards combined well and showed plenty of dash, but in their opponents' circle they were rarely dangerous because their shooting was so poor, and perhaps this more than anything else accounted for our lack of success in the latter half of the year.

The second eleven had a most successful season, and developed into a very useful side. The team owed its success largely to the excellence of the half-back line. They finished the season by winning the Junior Hospital Hockey Cup. The third eleven showed much more enthusiasm than last year and managed to field a full team on nearly every occasion.

K. W. D. Hartley at centre-half is captain this year, and the whole of last year's defence is available again with the doubtful exception of J. H. Attwood, last year's captain. In the forward line there will be several vacancies, and we are hoping to find some useful men to fill these from the second eleven and from among the Freshmen.

We have an attractive fixture list this season, among them being Emmanuel College at Cambridge, Christ Church, Oxford, R.M.C., Sandhurst, and St. Lawrence College. We are determined to build up a really useful, well-balanced team this year, and we shall do our utmost to win the Cup from Thomas's.

The second eleven under G. H. Bradshaw and the majority of last year's players are sure to do well again, and it is hoped that H. F. Bateman will be well supported again this year.

The season opens with a trial match at Winchmore on October 1st. Will all Freshmen who play hockey, and any other new players, make themselves known to the Secretary by quickly putting their names on the list on the Hockey board?

CRICKET.

ST. BARTHOLOMEW'S HOSPITAL *v.* GUY'S HOSPITAL.

Cup Final.

BART.'s met Guy's in the final for the Inter-Hospitals Cricket Cup on Guy's ground at Honor Oak on July 23rd and 24th. Bart.'s won the toss and went in to bat and were dismissed for a good score of 227, the chief scorers being Mackie and Sinclair, each making 66.

Guy's then went in, and at the close of play on the first day had made 205 for the loss of 7 wickets.

Curtis and Eustace opened the batting for Guy's the next day. Guy's were all dismissed for 240 before lunch. The chief scorers for Guy's were: Pye-Smith 58, Curtis 46 not out, Williams 39.

Cook and Parker opened the second innings for Bart.'s. Only five reached double figures and were all dismissed for a poor score of 125.

Guy's went in and soon knocked off the runs for the loss of 4 wickets, Pye-Smith scoring 30 and Curtis 33 not out. In doing this Guy's won the cup and we heartily congratulate them.

ST. BART.'S.

First Innings.		*Second Innings.*	
N. E. Cook, c Hutchinson, b Dun	15	b Dun	20
G. A. Y. Parker, c Dun, b Curtis	23	b Dun	0
R. H. Bettington, c Hutchinson, b Curtis	0	c Pye-Smith, b Clarke	2
K. W. Mackie, run out	66	b Dun	16
M. R. Sinclair, c Garland, b Curtis	66	c Garland, b Williams	16
C. B. Prowse, c Spence, b Curtis	25	c Dun, b Williams	27
W. F. Gaisford, b Curtis	0	not out	20
J. H. Pierre, not out	7	b Curtis	0
H. L. Hodgkinson, c Curtis, b Williams	4	b Curtis	1
J. O'Connell, c Garland, b Curtis	4	lbw, b Curtis	3
J. B. Bamford, lbw, b Williams	0	run out	2
Extras	17	Extras	18
Total	227	Total	125

GUY'S HOSPITAL.

First Innings.		*Second Innings.*	
E. J. Pye-Smith, lbw, b Bettington	58	b Hodgkinson	30
T. Garland, b Bettington	21	lbw, b Bettington	16
G. Ensor, b Hodgkinson	10	lbw, b Bettington	1
L. S. Williams, b Bettington	39	lbw, b Hodgkinson	0
A. H. Curtis, not out	46	not out	33
H. Spence, b Bettington	0	not out	17
G. L. Clarke, b Hodgkinson	15	Did not bat.	
J. Dun, c Parker, b Hodgkinson	0		
L. Eustace, b Bettington	7		
J. Gare, b Bettington	4		
J. Hutchinson, b Bettington	4		
Extras	35	Extras	12
Total	240	Total (4 wkts)	113

Bowling.—1st innings: Bettington, 7 for 104; Cook, 0 for 40; Hodgkinson, 3 for 46; Sinclair, 0 for 21.

Second innings: Bettington 2, for 45; Cook, 0 for 19; Hodgkinson, 2 for 26; Sinclair, 0 for 7.

RUGBY FOOTBALL CLUB.

LOOKING back at last season may not at first appear to be a happy thing to do. We think of ourselves being knocked out of the cup-ties in the semi-final round. We remember a large number of matches lost and few won. If we look further, though, things were not all sad. It is true that we won few matches, but we lost many close games, many of them against good sides too. An odd feature of our season was the fact that we drew three matches. Looking still further we can cheer up still more. The "A" retained their cup, just winning in a most exciting final against St. Mary's. Also, in spite of many scratched fixtures, they had a very successful season. The three other teams also suffered from many blank Saturdays, but enjoyed an average season. Tabulated, the records of the first two teams reads:

	Played.	Won.	Drawn.	Lost.	Points For.	Points Against.
1st XV	35	12	3	20	345	361
"A" XV.	24	17	0	7	310	175

To look forward to the season which has just started we notice changes in our personnel. Dr. Wilfred Shaw is among our vice-presidents. The strong gynæcological element on our committee need fear no busman's holiday, anyway, at the matches. R. N. Williams is our new captain. We take this opportunity to wish him a most successful season, both with his team and individually. A. H. Grace is undertaking the strenuous and thankless task of secretary. C. R. Jenkins after his excellent work as secretary last year is vice-captain. We are all very sorry that E. S. Vergette, last season's captain, must now retire after his seven years of most useful work for the club. R. H. Bettington will not be able to play until next month in any case, and he is not certain even then. We shall miss M. L. Maley in every way, perhaps most noticeably in the line-outs. Perhaps the loss that we shall feel most will be the retirement of T. P. Williams. Can we ever find a scrum-half who will do all he did as well as he did?

Severe as our losses appear and difficult though the gaps may be to fill, we need by no means despair. We have most of last year's "A" side available. There is every reason to expect that we shall be able to command a very useful pack of forwards. Outside the scrum we shall experience our perennial difficulty.

The fixture list differs in a few particulars from last season's, though on the whole it is very similar. We play Rosslyn Park instead of Blackheath. Nuneaton do not appear on this season's list. A match arranged which is not on the printed list is that against the R.N. Engineering College, Keyham, which will be played on the Monday following the away match against the Devonport Services. Redruth is a new fixture. This season the fixtures are arranged very much better than they were last season. This arrangement should contribute much to the enjoyment and success of the season.

Finally we would say a word concerning Freshmen. We say "would" advisedly. At the moment of writing we know nothing "in advance" of those who will join us with this JOURNAL. This may be a good omen. So often have we heard of stars that have failed to appear, while others have failed to shine. Let us, then, if we may do so with all modesty, advise all Freshmen who may have any doubts about doing so to join the club and enjoy themselves. All the Freshman need do is to find Grace and give him his name. For your benefit and welcome, then, Freshmen, Grace is the handsome, auburn-haired Apollo to be seen probably in the "Rooms" working hard.

P. G. LEVICK,
Hon. Treasurer.

CITY AND HOSPITALS CHARITY ATHLETIC CONTEST.

OUR readers will be interested to hear that the financial result of this year's City and Hospitals Charity Athletic Contest, between the Banks, Insurance Offices, Stock Exchange and the United Hospitals, will mean the dividing between the Hospitals comprising the U.H.A.C. of £260. This is the largest amount yet distributed. Our Senior Physician, Dr. Morley Fletcher, the President of the Contest this year, is to be congratulated on the result.

CORRESPONDENCE.

THE LIBRARY.

To the Editor, 'St. Bartholomew's Hospital Journal.'

DEAR SIR,—The authorities who take their holidays from July to September doubtless imagine the Hospital deserted during their absence, and so, in spite of annual grumblings, the Library is closed for the whole of August, and the keen student running the Hospital in the absence of his superiors has nowhere either to work or sleep. But when indeed it is reopened, is it fit for habitation? Most emphatically, no! The ceiling is being distempered, and the chairs and tables receive as much distemper as the ceiling; scaffolding is

dismantled from one end and erected at the other, and above all the din mate calls to mate with that sublime disregard of his surroundings peculiar to the British workman.

Perhaps he, too, has all August on holiday—or have the authorities any better explanation?

I am, Sir,
Yours faithfully,
R. I. P.

The Library,
St. Bartholomew's Hospital, E.C. 1;
September 7th, 1927.

THE CHRISTIAN UNION.

To the Editor, 'St. Bartholomew's Hospital Journal.'

DEAR SIR,—Will you kindly insert in the JOURNAL the list of our fixtures for the forthcoming term, and may I draw special attention to the meeting for Freshmen on Tuesday, October 11th? The meetings are held in the Library at 5 p.m., and there is a daily meeting for prayer in the Chapel from 1.5 to 1.25 p.m.

Tuesday,	Oct.	11.	Fresher's Squash. Tea 5 p.m. Dr. Orissa Taylor.
Thursday,	,,	20.	Mr. Montague Goodman.
,,	,,	27.	Rev. E. Y. Bate.
,,	Nov.	3.	Rev. E. L. Langston.
,,	,,	10.	Mr. Godfrey Buxton.
,,	Dec.	1.	Mr. George Goodman.
,,	,,	8.	
,,	,,	15.	

Yours truly,
J. W. C. SYMONDS, *Hon. Sec.*

St. Bartholomew's Hospital, E.C. 1;
September, 19th, 1927.

READERS' OPINIONS.

To the Editor, 'St. Bartholomew's Hospital Journal.'

SIR,—By reading the JOURNAL one hopes to hear of "what's doing" inside the dear old walls, the outside of which even some of us have not much chance of seeing.

Though grey, it was never grim; may it never be, nor the paper that chronicles its affairs. One wants to hear what men are laughing over and yarning about, quite as much as what perplexities they come up against.

The doings of the clubs and of individuals are matters of keen interest, even to those of us who have little staying power beyond what a slow fox-trot calls for.

What books to read (and avoid) is one of the most useful things the JOURNAL does for us in its reviews. Lastly, one hopes always to find in the JOURNAL a means of keeping up with advances in medicine useful in the daily round of practice, and this the series of promised Annotations on diagnosis, treatment and technique from the clinical and laboratory point of view should provide.

I am, Sir,
Yours very truly,
September 11th, 1927. VIEUX ROUTIER.

To the Editor, 'St. Bartholomew's Hospital Journal.'

DEAR SIR,—I was indeed gratified to read the letter in your September number over the signature "A Subscriber," who, I feel, is in entire agreement with me. He put the matter very beautifully and I hope our letters will bear fruit.

The next letter—M.'s "reply"—forms a marked contrast, consisting almost entirely of egotism punctuated by exclamation marks, and, as he admits, "a vulgar snarl or two." With great difficulty I picked out from this fandango a challenge to indicate the place where his "menacing qualities are displayed." Fortunately I have on my desk the June number in which appeared a particularly annoying ebullition, entitled "Nephros" to give it a classical flavour, though the great Kipling whom it was intended to parody was quite free of this weakness. One is at first tempted to attack it systematically over many pages, but rapidly comes to the conclusion that a busy man's time is not to be so spent. Just two points then: (1) The conception of the birth of a cell without previous division of a parent cell which permeates the article strikes at the root of modern cytology; and (2) that extraordinary paragraph containing amongst a deal of the *John Bull* type of invective, "You cross-bred son of a pronephric anomaly." What does it all mean? A thoroughly muddled and misleading mind!

Yours faithfully,
W. K. P.

[Our contributor replies: "Intelligent study of Kipling's prose style will reveal a trick of sacrificing logical truth to the maintenance of a fine, nervous narrative, while in no way losing an air of omniscience. If, then, my parody is to be given credit for being honourable in intention, not only does W. K. P.'s first point become pointless, but it reveals an ignorance of the 'great' works the parody of which he considered himself competent to judge.

"Besides, a student who required to be told that cells usually propagate their kind by division would probably need a night-light and a good-night reassurance that cells didn't *really* talk like that.

"The second point is puerile.

"It is a pity that moral enthusiasm should have driven W. K. P. from the safe heights of hearty prejudice into the morass of somewhat unbalanced criticism of once despised 'literary frills.' But one word of thanks. W. K. P.'s idea (for it is none of mine) that a Greek name gives a classical flavour illuminates the possible character and motives of the gentleman who sought to advance the art of medicine by calling rickets rachitis."—ED., *St. B. H. J.*]

REVIEWS.

RECENT ADVANCES IN OPHTHALMOLOGY. By W. S. DUKE-ELDER. Pp. 328. 4 coloured plates and 73 figures in the text. Price *12s. 6d.*

If the other volumes of Churchill's "Recent Advances" series are in any way comparable with this book, the publishers may congratulate themselves upon having filled a niche in medical literature which will be greatly valued. The mass of recent work, and still more of recent literature, is great, and, as is always the case, much of it will not stand the test of time.

In such circumstances a discriminating discernment is necessary in order to pick out that which has effected some definite advance, however slight, and this selection Mr. Duke-Elder has made with care and critical judgment.

It is satisfactory to note that Mr. Duke-Elder is not disposed to include the present vogue of focal infections with the widespread removal of teeth and tonsils and intestinal lavage under the head of "advances."

It is not possible to give any adequate idea of the subjects dealt with, but if one mentions the few following, it should give some indication of the scope of the book: The Action of Light upon the Eye, Embryology, Biomicroscopy, The Slit Lamp, Examination by Red-Free Light, The Intra-ocular Pressure, Operative Advances, The Visual Powers and Centres, Intra-ocular Fluids, and a great deal besides.

Mr. Duke-Elder has given a good *résumé* of his own excellent work. The whole get-up of the book is admirable, it is written in a most interesting manner, and one may confidently predict that a further edition will soon be called for.

ACTINOTHERAPY FOR GENERAL PRACTITIONERS. By H. G. FALKNER, L.R.C.S.I., L.R.C.P.I., L.M., O.B.E. (London: Baillière, Tindall & Cox, 1927.) Price *7s. 6d.*

In the subject of actinotherapy it can be truly said "of making many books there is no end." The present work is still another which does little or nothing to advance the knowledge of the subject, and with the exception, perhaps, of a detailed discussion on the relative merits of various types of protective goggles, presents no new feature.

A large section of the book is given up to descriptions and illustrations of numerous types of lamp. There is no indication of primary or running costs of the different models, which one can well believe might be of importance to the practitioner for whom it is written.

and guidance as to the merits of the various types is vague and inconclusive.

One can readily believe that the author is a clinical enthusiast rather than a scientist when one reads the following:

". . . in treating a patient with my big raying lamp he brought to my notice that he could see the bones of his foot reflected on the wall 'like X-ray' as he described it. On testing this phenomenon and throwing a shadow upon a white wall, it was found that the bones of the forearm and hand were distinctly visible. . . ."

This ignores the fact, generally accepted by physicists, that ultra-violet rays are absorbed by a very thin layer of tissue, nor does it explain how an invisible ray can throw a visible shadow on a non-fluorescent surface.

The last 60 pages are devoted to consideration of the disorders which can be treated by actinotherapy with more or less successful results. After warning his readers against making excessive claims for ultra-violet rays, the author rather takes the point from his remarks by himself claiming results which are at any rate not in accordance with the experience of other workers. The omission of a number of the diseases mentioned in his long list would add to rather than detract from the value of the work.

It is difficult to see what particular gap in the literature of actinotherapy is usefully filled by this book.

PRACTICAL ORGANIC AND BIO-CHEMISTRY. By R. H. A. PLIMMER, D.Sc. New edition. (London: Longmans, Green & Co., Ltd., 1926.) Pp. x + 568. Price 21s. net.

The earlier editions of this book have been well known for many years past to all students who have studied organic chemistry in this Hospital, who have found them to be of speical service in their laboratory work. In this new edition theoretical considerations have been more fully developed in dealing with many classes of compounds, so that the book is more readable as a text-book, which was one of the objects of the author in bringing out this new volume. Some portions of the older book dealing with plant chemistry have been omitted, and in their place appear sections which will be of more immediate interest to the medical reader, such as those on vitamins and respiratory exchange. There is, too, a description among the polypeptides of glutathione, a substance of great interest to bio-chemists on account of its function as an oxidation-reduction system. Quantitative processes of analysis are well described, including those for blood and urine, although only one method for the estimation of blood-sugar is given. This volume is sure to prove to be of as much value to present-day students as former volumes have proved to be to their predecessors.

OUTLINES OF DENTAL SCIENCE. Vol. III, Dental Materia Medica, by PROSPER H. MARSDEN, M.Sc., Ph.C., F.C.S. Pp. 155. Price 7s. 6d.

Vol. IV, Dental Prosthetics, by J. DOUGLAS LOGAN, L.D.S. Pp. 224. 44 illustrations. Price 7s. 6d.

Vol. V, Dental Radiography, by CHARLES A. CLARK, L.D.S. Pp. 120. 50 illustrations. Price 7s. 6d.

(London: E. & S. Livingstone, 1926.)

These three little volumes are excellently produced. Their bindings are substantial, the paper is of fine quality and the type large and clear, while vols. iv and v are profusely illustrated with diagrams and photos.

In vol. iii the author endeavours to give just sufficient information to satisfy the requirements of the dental student, and to this end all superfluous matter is rigidly excluded. Our chief criticism is that this paring down may have been carried too far; but, if the book is used in conjunction with a copy of the *British Pharmacopœia*, any deficiency in this respect would be eliminated. A specially good feature is the mass of really useful information as to the practical use of the drugs described, and this should make the book useful to the practitioner as well as the student.

In vol. iv the author attempts to describe in the smallest space possible the various processes used in the mechanical laboratory for the construction of artificial teeth, and he has succeeded in doing this in extraordinary detail.

The clinical or chair-side aspect of dental mechanics is purposely excluded, in order, as the author says, to avoid confusion, and because the student begins his training with a laboratory course. This may be wise, but it considerably restricts the utility of the book, and without a sub-title indicating its partial character the title becomes somewhat misleading.

One cannot help regretting that the author, with such a capacity for clear detailed description, should not have included some account of chair-side procedure, and also a chapter on modern denture design.

Vol. v: This little treatise contains a concise yet detailed description of the apparatus used in dental radiography together with the technique employed.

The chapter on technique also contains much practical and useful information on the handling of patients, culled from the author's long experience.

The description of the author's technique is very clear and complete, with the possible exception that he might have said more about correct angles to ensure undistorted negatives. It is here that the inexperienced meets most of his failures, and this part of the technique is by far the most difficult to master.

In addition to dental students and practitioners, the book should be very useful to the general practitioner who is occasionally called on to take dental radiographs.

A HANDBOOK OF OPHTHALMOLOGY. By HUMPHREY NEAME and F. A. WILLIAMSON-NOBLE. (London: J. & A. Churchill.) Price 12s. 6d.

In their preface to this book the authors state that it is written, primarily, for the undergraduate student and the general practitioner. As such it undoubtedly fulfils its purpose, but for a more advanced reader it is, perhaps, a little too brief.

The first chapter gives a very lucid description of examination of eyes, both external and internal; this is followed by "errors of refraction," which is clearly written but rather short. The following chapters deal systematically with various parts of the eye. A noteworthy omission occurs in a diagnostic table of acute iritis and acute glaucoma; no mention is made of the marked rise of tension which occurs in the latter condition.

One of the most striking and most pleasing features of the book are the illustrations and coloured plates. The latter are really excellent, especially the drawings of the various pathological fundi. All the illustrations are prepared by the drawing department of Theodore Hamblin, Ltd.

For practitioners who are intending to do some ophthalmic work as a "side-line," and for students who desire to acquire more knowledge than is, perhaps, necessary for a general surgical examination, this book can be thoroughly recommended.

AIDS TO GYNÆCOLOGY. By R. E. TOTTENHAM, M.D., D.P.H.Dubl., F.R.C.P.I., Professor of Obstetrics and Gynæcology, University of Hong-Kong. (London: Baillière, Tindall & Cox.) Pp. 131. Price 3s.

It is impossible to perceive what useful purpose this little book could serve. Many books of the synopsis type are invaluable to the student, but in this one the gaps are so many that perhaps it would be charitable to presume that gynæcology pursues a different course out East. A just criticism, of necessity, would be longer than its subject-matter. The illustrations, luckily, are few.

THE PHARMACOPŒIA OF THE QUEEN'S HOSPITAL FOR CHILDREN, HACKNEY ROAD. 7th edition. (London: H. K. Lewis & Co., Ltd., 1927.) Pp. x + 89.

The new edition of this *Pharmacœpia* remains essentially the same as the last edition. Several new mixtures have been added, as well as a list of solutions suitable for intravenous infusion.

The book contains several sections detailing the instructions issued to parents for dealing with the commoner maladies of childhood in the home. While the majority are admirable, the section on the causes and prevention of diarrhœa is much too complicated to be easily understood, and could be simplified with advantage.

As the various preparations are supposed to be arranged in alphabetical order, one would have expected to find "Salis" before "Saponis" instead of after, as appears in this edition.

DRUGS AND DOSES. By DORA VINE. Price 1s. 6d. net.

This book should prove very popular amongst the nursing profession, its extremely low price bringing it within reach of all. It is arranged in a simple manner and contains many practical suggestions, together with a schedule of poisonous drugs and their antidotes. As a reference book it should be useful to those engaged in private nursing.

RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN.

ATKINSON, E. MILES, F.R.C.S. "Nasal Headaches." *British Medical Journal*, August 13th, 1927.

BARNES, E. BROUGHTON, F.R.C.S.(Edin.) (and Sir CHARLES BALLANCE, K.C.M.G., M.S., F.R.C.S.). "Anastomosis of Recurrent Laryngeal to Phrenic Nerves: Some Recovery of Function." *British Medical Journal*, July 30th, 1927.

BARTON, J. KINGSTON, M.R.C.P.(Lond.). "Discussion on Tuberculosis in Wild Animals as compared with Man." *Proceedings of the Royal Society of Medicine*, January, 1927.

——— "On Diaphyseal Aclasia," discussion at Clinical Section, *Proceedings of the Royal Society of Medicine*, January, 1927.

——— "On Rickets," Section of Disease in Children. *Proceedings of the Royal Society of Medicine*, March, 1927.

——— "Discussion on Light Treatment in Surgical Tuberculosis." *Proceedings of the Royal Society of Medicine*, April, 1927.

——— "Discussion on Migraine," Section of Medicine. *Proceedings of the Royal Society of Medicine*, May, 1927.

——— "On Twins," Section of Disease in Children. *Proceedings of the Royal Society of Medicine*, June, 1927.

——— Discussion on the Prevention of Scarlatinal Nephritis," Section of Medicine. *Proceedings of the Royal Society of Medicine*, July, 1927.

——— "Discussion on Oral Manifestations in Systemic Disease in Children," Joint Section of Odontology and Disease in Children. *Proceedings of the Royal Society of Medicine*, July, 1927.

——— "Diaphyseal Aclasia," Section of Disease in Children. *Proceedings of the Royal Society of Medicine*, August, 1927.

BROCKMAN, R. STLEGER, M.A., M.Chir., F.R.C.S. "Arris and Gale Lecture on the Toxæmia of Acute Intestinal Obstruction." *Lancet*, August 13th, 1927.

CAMMIDGE, P. J., M.D., M.R.C.S., L.R.C.P. "Chronic Hypoglycæmia." *Practitioner*, August, 1927.

CHAMBERS, GUY, F.R.C.S. "Ovarian Hæmorrhage from Ruptured Blood Cyst." *British Medical Journal*, September 17th, 1927.

CHANDLER, F. G., M.D. (and CARLYLE T. POTTER, M.D.). "Result of X-ray Treatment of Primary Malignant Intrathoracic Tumours." *Lancet*, September 17th, 1927.

GIUSEPPI, P. L., M.D., F.R.C.S. "The Diagnosis of the Subacute Abdomen." *Practitioner*, September, 1927.

EXAMINATIONS, ETC.

UNIVERSITY OF OXFORD.

The following degree has been conferred:
B.M.—Clüver, P. F.

Final Examination for Degree of B.M., B.Ch., July, 1927.

Medicine, Surgery and Obstetrics.—Clüver, P. F.
Pathology.—Gilding, H. P., Walter, W. J.
Forensic Medicine and Public Health.—Kingsley, A. P.

UNIVERSITY OF CAMBRIDGE.

The following degrees have been conferred:
M.Chir.—Corbett, R. S.
M.B. and B.Chir.—Alexander, G. L., Tanner, G. M., Nelson, H. P.
B.Chir.—Watts, C. F.

ROYAL COLLEGE OF PHYSICIANS.

The following has been admitted a Member:
Emmons, R. v. B. (omitted from list published in September issue).

ROYAL COLLEGE OF SURGEONS.

The following were successful at the Examination held for the *Primary Fellowship*, June, 1927:
Boyde, H. C., Buckley, W., Forrester Wood, W. R., Freeman, E. A., Harris, H. E.

ROYAL COLLEGE OF PHYSICIANS AND SURGEONS.

D.T.M. & H.

The Diploma in Tropical Medicine and Hygiene has been conferred on the following:
Alexander, G. L., Landau, J. V., Steel, C. R.

CHANGES OF ADDRESS.

ANDERSON, H. G., The Medical School, The University, Adelaide, S. Australia.
BELL, K. DIGBY, Surg.-Commdr. R.N., The Royal Naval Club, Portsmouth.
CHAMBERLAIN, A. G., Charmouth, Dorset.
FOOKS, G. E., Lt.-Col., I.M.S. (ret.), Bangalore United Service Club, Bangalore.
HINE, T. G. M., Start House, Slapton, S. Devon.
HOLMES, J., 54, Hoghton Street, Southport, Lancs.
HOWELL, H. B., "Carningle," Aberporth, Newcastle Emlyn, Cardiganshire.
HUME, J. B., 86, Harley Street, W. 1. (Tel. Langham 2186.)
JEPHCOTT, A., "Winterslow," Southbury Road, Enfield, Middlesex.
KELLOND-KNIGHT, H., Surg.-Capt. R.N., 19, King's Avenue, Eastbourne.
MAXWELL, J., 8, Harley Street, W. 1. (Tel. Ambassador 9684.)

APPOINTMENTS.

ANDERSON, H. G., M.B., M.R.C.P., appointed Pathological Registrar to the Medical School, Adelaide University, S. Australia.
CAPPS, F. C. W., F.R.C.S., appointed Surgeon to the Ear, Nose and Throat Department, with Charge of Out-Patients, Willesden General Hospital.
DAVIS, H. HALDIN, M.D., F.R.C.S., appointed Physician Dermatologist to Bolingbroke Hospital, Wandsworth Common.
IMIANITOFF, F. F., D.S.C., M.R.C.S., L.R.C.P., appointed Surgeon in Charge of Out-Patients, Medico-Surgical Institute and University Polyclinic, Parc Leopold, Brussels.
MAXWELL, J., M.D., M.R.C.P., appointed Physician to Out-Patients, Royal Chest Hospital.
SIMPSON, D. P., M.R.C.S., L.R.C.P., appointed House Physician to Warneford General Hospital, Leamington Spa.
VINER, G., M.D., F.R.C.S., appointed Assistant Ophthalmic Surgeon to Bolingbroke Hospital, Wandsworth Common.

BIRTH.

ROSSDALE.—On September 8th, 1927, at 57, Upper Berkeley Street, W. 1, to Kate, wife of Dr. George Rossdale—a son.

MARRIAGES.

CRISP—AINSLEY.—On September 6th, 1927, at the Parish Church of Danby-in-Cleveland, by the Rev. P. R. Turner, Vicar of St. Paul's, West Hartlepool, Gordon, son of R. L. Crisp, of Elm Park Road, Chelsea, to Joan, daughter of Dr. and Mrs. Ainsley, of Greylands, West Hartlepool.

FORD—PEAKE.—On August 24th, 1927, at the Parish Church, by the Rev. Canon Horace Monroe, assisted by the Rev. F. E. Ford, J. Norman C., elder son of Dr. Frank C. Ford, of Wimbledon, to Audrey, elder daughter of the late Dr. W. H. Peake and Mrs. Peake, of 33, Cottenham Park Road, Wimbledon.

WILSON—TAYLOR.—On August 26th, 1927, at the Friends' Meeting-House, Letchworth, Henry Leonard Wilson, M.B., M.R.C.P., to Ruth Lotherington Taylor.

DEATHS.

DAVEY.—On September 9th, 1927, at 26, South Parade, Southsea, Dr. Ernest Ll. Davey, third son of the late R. Staines Davey, M.D., J.P., of Walmer, Kent.

NIXON.—On July 15th, 1927, after an operation, Horace Clulow Nixon, M.D., of Queen's Parade, Bath.

PAGET.—On September 11th, 1927, at Great Houghton House, near Northampton, Charles Edward, son of the late Sir George Paget, K.C.B., aged 68.

NOTICE.

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, *St. Bartholomew's Hospital, E.C. 1.*

The Annual Subscription to the Journal is 7s. 6d., including postage. Subscriptions should be sent to the MANAGER, Mr. G. J. WILLANS, M.B.E., B.A., *at the Hospital.*

All Communications, financial or otherwise, relative to Advertisements ONLY should be addressed to ADVERTISEMENT MANAGER, *The Journal Office, St. Bartholomew's Hospital, E.C.1. Telephone: City 0510.*